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Bib Data Sheet

CONFIRMATION NO. 3378

SERIAL NUMBER 10/669,365	FILING DATE 09/25/2003 RULE	CLASS 514	GROUP ART UNIT 1618	ATTORNEY DOCKET NO. 10071-036-999
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/137,685 05/03/2002 PAT 6,645,521
 which is a CON of 09/425,925 10/25/1999 PAT 6,383,511

**** FOREIGN APPLICATIONS *******

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
**** 12/17/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 0	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

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TITLE
 Local prevention or amelioration of pain from surgically closed wounds

FILING FEE RECEIVED 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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